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#PTO/SB/21 (08-03)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

1

Application Number	09/670085-Conf. #5712
Filing Date	September 26, 2000
First Named Inventor	Dutt V. Vinjamoori
Art Unit	2851
Examiner Name	R. Fuller

Attorney Docket Number

49202-00022USPT

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Check in the amount of \$330.00 for the appeal fee
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Check in the amount of \$110.00 for the extension fee
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	JENKENS & GILCHRIST A PROFESSIONAL CORPORATION Andre M. Szwalski
Signature	
Date	January 15, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 01-16-04

Signature:

(Margo Barbarash)



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 440.00

Complete if Known	
Application Number	09/670085-Conf. #5712
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Attorney Docket No.	49202-00022USPT

METHOD OF PAYMENT (check all that apply)

Checks Credit Card Money Order Other None

Deposit Account:

Deposit Account Number **10-0447**

Deposit Account Name **Jenkens & Gilchrist, a Professional Corporation**

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)	0.00		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid
<input type="checkbox"/> x <input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> x <input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

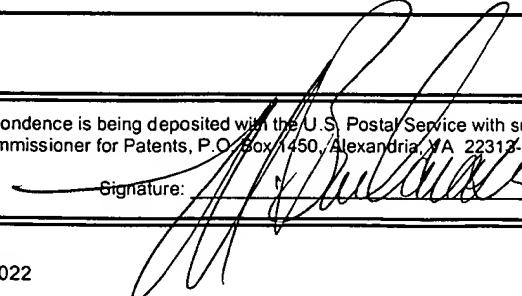
Large Entity	Small Entity	Fee Description
1202	18	2202 9 Claims in excess of 20
1201	86	2201 43 Independent claims in excess of 3
1203	290	2203 145 Multiple dependent claim, if not paid
1204	86	2204 43 ** Reissue independent claims over original patent
1205	18	2205 9 ** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)		(\$) 0.00

** or number previously paid, if greater; For Reissues, see above

3. ADDITIONAL FEES	
Large Entity	Small Entity
Fee Code (\$)	Fee Code (\$)
1051	130
1052	50
1053	130
1812	2,520
1804	920*
1805	1,840*
1251	110
1252	420
1253	950
1254	1,480
1255	2,010
1401	330
1402	330
1403	290
1451	1,510
1452	110
1453	1,330
1501	1,330
1502	480
1503	640
1460	130
1807	50
1806	180
8021	40
1809	770
1810	770
1801	770
1802	900
Other fee (specify)	
*Reduced by Basic Filing Fee Paid	
SUBTOTAL (3)	
(\$) 440.00	

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Andre M. Szuwalski	Registration No. (Attorney/Agent)	35,701
Signature		Date	January 15, 2004

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Dated: **01-16-04** Signature:  (Margo Barbarash)